



## VALIDATION OF RETIREMENT INFORMATION

## Instructions

## To be completed by the Employing Agency Office.

Please type or print the information on this form. Send completed form to:

Thrift Savings Plan Service Office  
National Finance Center  
P.O. Box 61135  
New Orleans, LA 70161-1135

## SECTION A - IDENTIFICATION

**Block 1, Name.** Enter the employee's last, first, and middle name.

**Block 2, Date of Birth.** Enter the employee's date of birth.

**Block 3, Social Security Number.** Enter the employee's 9-digit social security number.

**Block 4 through 8, Address.** Enter the employee's address.

## SECTION B - RETIREMENT CATEGORY

**Block 9, Payroll Office Number.** Enter the employee's 8-digit payroll office number.

**Block 10, Separation Date.** Enter the employee's date of separation.

**Block 11, Retirement Category.** Check the appropriate block to indicate the employee's eligibility for retirement benefits. For the purpose of this form, the following applies:

**Immediate** refers to any FERS participant who separates from Government service entitled to an immediate annuity under 5 USC Chapter 84, Subchapter II, or any CSRS participant entitled under 5 USC Chapter 83, Subchapter III.

**Deferred** refers to any FERS participant who separates from Government service entitled to a deferred annuity under 5 USC Chapter 84, Subchapter II, or any CSRS participant entitled under 5 USC Chapter 83, Subchapter III.

**Disability/worker's compensation** refers to any FERS or CSRS participant who separates from Government service entitled to benefits under 5 USC Chapter 81, Subchapter I or who is entitled to disability benefits under 5 USC Chapter 84, Subchapter V (FERS employees) or 5 USC Chapter 83, Subchapter III (CSRS employees). If the employee is retiring under FERS with eligibility for an immediate reduced annuity, but is electing to take a deferred annuity, treat the employee as eligible for the immediate annuity.

**Block 12, Entitlement Date.** If the employee is eligible for retirement benefits, indicate the date he or she would be entitled to receive the basic annuity payment. This would be the date the employee attained the age that would make him or her eligible to receive a deferred annuity, not the date when the annuity would actually begin. This block must be completed regardless of the employee's intent to withdraw his or her basic annuity contribution. If the employee is entitled to disability benefits under 5 USC Chapter 83 or 84, or separates entitled to benefits under 5 USC Chapter 81, Subchapter I, indicate the date benefits started or will start. If "None" is indicated in Block 11, leave Block 12 blank.

## SECTION C - BENEFICIARY INFORMATION (Check One)

Check **Block 13** if Form TSP-3, Designation of Beneficiary, is attached. Check **Block 14** if there is no Form TSP-3 on the file for this individual

## SECTION D - CERTIFICATION

**Block 15, Typed Name of Certifying Agency Official.** Enter the name of the agency official certifying the information on this form.

**Block 16, Phone (Area Code and Number).** Enter the area code and phone number of agency official.

**Block 17, Signature of Certifying Agency Official.** Signature of the agency official authorized to certify the information on this form.

**Block 18, Date Signed.** Enter the date this form is certified.

<b>SECTION A - IDENTIFICATION.</b>									
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH Month   Day   Year		3. SOCIAL SECURITY NUMBER				
4. FIRST LINE ADDRESS				5. SECOND LINE ADDRESS					
6. CITY				7. STATE/COUNTRY			8. ZIP CODE		
<b>SECTION B - RETIREMENT CATEGORY.</b>									
9. PAYROLL OFFICE NUMBER		10. SEPARATION DATE Month   Day   Year		11. RETIREMENT CATEGORY None FERS/CSRS Immediate FERS/CSRS Deferred Disability/Workers' Compensation			12. ENTITLEMENT DATE Month   Day   Year		
<b>SECTION C - BENEFICIARY INFORMATION. (Check One)</b>									
13. The most recent Form TSP-3 Designation of Beneficiary, from the participant's Official Personnel Folder is attached.									
14. I have reviewed the participant's Official Personnel Folder and there is no Form TSP-3, Designation of Beneficiary, on file.									
<b>SECTION D - CERTIFICATION.</b>									
15. TYPED NAME OF CERTIFYING AGENCY OFFICIAL						16. PHONE (Area Code and Number)		FTS	COMM
17. SIGNATURE OF CERTIFYING AGENCY OFFICIAL								18. DATE SIGNED	

## PRIVACY ACT NOTICE

FORM TSP - 18 (8/87)

We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397, authorizes us to ask for the employee's social security number, which will be used to identify the employee's account. We will use the information given us in administering the Thrift Savings Plan. We may share this information with the Office of Personnel Management. The information may be shared with other Federal agencies or Congressional offices for certain official purposes. It may also be shared with national, state, and local agencies to determine

benefits under their programs, to obtain information necessary under this program, or to report income for purposes. In addition, we may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. Finally, we may give this information to financial institutions, private sector audit firms, annuity vendors, beneficiaries, current spouses and, to a limited extent, former spouses. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the form if you do not give us this information.